

FREE · VOLUME II · 30 QUESTIONS · 2ND EDITION

The RBT Mock Exam

Volume II — More reps. More confidence. Ready for test day.

30 QUESTIONS

~**45** MIN

6 DOMAINS

GOAL: **80%+**

Built by **Ercilia O'Neal, MA, BCBA, LBA**
E.M.O. Behavior Lab & Consulting · emobehaviorlab.com
Aligned to the BACB® **RBT Task List (2nd Edition)**

How to Use This Mock Exam

Treat it like the real thing. Work through all 30 questions, then review the **Answer Key & Rationales** at the end. Aim for 80%+ before test day. For the interactive scored version with per-domain breakdown, visit emobehaviorlab.com/rbt-mock-exam-vol2.

Questions

QUESTION 01 OF 30

A · MEASUREMENT

An RBT counts the number of times a client raises her hand during a 30-minute class period. Which measurement dimension is this?

- A. Duration
- B. Latency
- C. Frequency
- D. Inter-response time (IRT)

QUESTION 02 OF 30

A · MEASUREMENT

Partial-interval recording tends to:

- A. Underestimate occurrence
- B. Overestimate occurrence
- C. Exactly measure duration
- D. Match frequency counts

QUESTION 03 OF 30

A · MEASUREMENT

Latency is MOST accurately defined as:

- A. Total time behavior occurs
- B. Time between an SD/instruction and the onset of the response
- C. Time between two occurrences of the same behavior
- D. Number of times behavior occurs per minute

QUESTION 04 OF 30

A · MEASUREMENT

A BCBA asks the RBT to measure how long each tantrum lasts. The BEST dimension is:

- A. Frequency
- B. Rate
- C. Duration
- D. Latency

QUESTION 05 OF 30

B · ASSESSMENT

A BCBA asks the RBT to present two items at a time, record which the client reaches for, and repeat for every combination. This is:

- A. MSWO
- B. Paired-stimulus preference assessment
- C. Free-operant preference assessment
- D. Single-stimulus preference assessment

QUESTION 06 OF 30

B · ASSESSMENT

During ABC data collection, the "C" refers to:

- A. Consequence — what happens AFTER the behavior
- B. Circumstance during
- C. Correction by RBT
- D. Client

QUESTION 07 OF 30

B · ASSESSMENT

A parent asks the RBT to conduct a functional analysis independently. The RBT should:

- A. Conduct it
- B. Decline — FAs are designed and conducted under the BCBA's supervision; refer to the BCBA
- C. Conduct it with verbal permission
- D. Conduct it if the parent signs a form

Preference vs. reinforcer assessment:

- A. Preference identifies highly chosen items; reinforcer tests whether those items actually increase behavior
- B. Synonymous
- C. Only reinforcer uses edibles
- D. Preference tests punishment

DTT typically includes:

- A. NET only
- B. SD → response → consequence, with clear inter-trial intervals
- C. Continuous reinforcement during free play
- D. Punishment-based procedures

NET is BEST described as:

- A. Random play
- B. Teaching target skills within naturally occurring routines and motivation
- C. Picture cards only
- D. Clinic only

An RBT initially uses a hand-over-hand prompt, fades to a gesture, then to independence.

This is:

- A. Least-to-most
- B. Most-to-least
- C. Time delay
- D. Video modeling

QUESTION 12 OF 30

C · SKILL ACQUISITION

Transferring stimulus control from the prompt to the natural SD is the goal of:

- A. Prompt fading
- B. Extinction
- C. Chaining
- D. Shaping

QUESTION 13 OF 30

C · SKILL ACQUISITION

A task analysis for handwashing supports:

- A. Extinction
- B. Chaining
- C. Preference assessment
- D. IOA

QUESTION 14 OF 30

C · SKILL ACQUISITION

Shaping is:

- A. Chaining a sequence
- B. Differential reinforcement of successive approximations of a target response
- C. Punishing other responses
- D. Using visual supports

QUESTION 15 OF 30

C · SKILL ACQUISITION

Backward chaining is useful when:

- A. The final step is easiest/most reinforcing and is taught first
- B. The first step must always be first
- C. Shaping would be faster
- D. There is no task analysis

QUESTION 16 OF 30

D · BEHAVIOR REDUCTION

Three days into an extinction procedure for attention-maintained screaming, frequency sharply **INCREASES** before declining. This is:

- A. Treatment failure
- B. An extinction burst — continue the procedure with BCBA support
- C. Spontaneous recovery
- D. Resurgence

QUESTION 17 OF 30

D · BEHAVIOR REDUCTION

DRA requires:

- A. Reinforcing the problem behavior
- B. Reinforcing a functionally equivalent alternative + withholding reinforcement for the problem behavior
- C. Punishing the target
- D. Ignoring all behavior

QUESTION 18 OF 30

D · BEHAVIOR REDUCTION

An antecedent intervention:

- A. Occurs after the behavior
- B. Manipulates events **BEFORE** the behavior to prevent it or make the desired behavior more likely
- C. Punishes the behavior
- D. Requires a DRO

QUESTION 19 OF 30

D · BEHAVIOR REDUCTION

Client begins SIB that could cause injury. The RBT should:

- A. Continue the activity
- B. Implement the trained crisis protocol, protect the client, notify BCBA immediately
- C. Try a new procedure
- D. Leave the client alone

QUESTION 20 OF 30

D · BEHAVIOR REDUCTION

Response cost is a form of:

- A. Positive reinforcement
- B. Negative punishment — removal of a reinforcer contingent on behavior
- C. Extinction
- D. DRO

QUESTION 21 OF 30

D · BEHAVIOR REDUCTION

Planned ignoring is appropriate when:

- A. Behavior is attention-maintained AND the BIP prescribes extinction of attention
- B. Client is in medical distress
- C. Function is unknown
- D. Behavior is harmful SIB

QUESTION 22 OF 30

E · DOCUMENTATION

Session notes should be:

- A. Subjective/interpretive
- B. Objective, specific, measurable, timely
- C. Parent opinion
- D. Vague

QUESTION 23 OF 30

E · DOCUMENTATION

The RBT thinks a different procedure would work better than the current BIP. The RBT should:

- A. Modify the BIP
- B. Bring data and observations to the supervising BCBA for clinical decision-making
- C. Ask the parent to change the plan
- D. Stop the program

QUESTION 24 OF 30

E · DOCUMENTATION

Which is a HIPAA violation?

- A. Discussing progress with the BCBA in a private office
- B. Texting a client's full name + behavior details to a coworker's personal phone
- C. Writing notes in a secure HIPAA-compliant EHR
- D. Verbal handoff behind a closed door

QUESTION 25 OF 30

F · PROFESSIONAL CONDUCT

An RBT disagrees with a step in the BCBA's protocol. The RBT should:

- A. Modify on their own
- B. Raise concern with the BCBA; continue implementing plan as written until directed otherwise
- C. Skip the step
- D. Ask the client what to do

QUESTION 26 OF 30

F · PROFESSIONAL CONDUCT

A parent sends the RBT a friend request on Instagram. BEST action:

- A. Accept
- B. Decline and discuss with the supervising BCBA; avoid dual relationships
- C. Accept but keep private
- D. Block and say nothing

QUESTION 27 OF 30

F · PROFESSIONAL CONDUCT

Ongoing RBT supervision requirement:

- A. $\geq 5\%$ of ABA service hours each supervisory period, with ≥ 2 real-time contacts per month
- B. 50% of hours
- C. First week only
- D. Only during SIB cases

QUESTION 28 OF 30

F · PROFESSIONAL CONDUCT

RBT observes signs consistent with child abuse. The RBT is:

- A. Not required to act
- B. A mandated reporter — follow the legal reporting process AND notify the BCBA
- C. Required to confront the suspected abuser first
- D. Required to investigate before reporting

Client suddenly collapses and is unresponsive. The RBT should FIRST:

- A. Complete the session note
- B. Call 911, stay with the client, notify the BCBA and family ASAP
- C. Continue the program
- D. Text a coworker

Discussing a specific client's case with a friend at a coffee shop is:

- A. Acceptable if the friend also works in ABA
- B. A confidentiality violation
- C. Acceptable with no names
- D. Only a violation if client overhears

Answer Key & Rationales

Q01 · A · Measurement **Answer: C**

Frequency = count of discrete behaviors. Rate = frequency/time. Duration = how long a single behavior lasts; latency = time from SD to response; IRT = time between two occurrences.

Q02 · A · Measurement **Answer: B**

Partial-interval scores any occurrence in an interval as a full interval, inflating apparent percent of time. Whole-interval underestimates.

Q03 · A · Measurement **Answer: B**

Latency = time from antecedent (SD/instruction) to response onset. Option C describes IRT; option D describes rate.

Q04 · A · Measurement **Answer: C**

Duration measures elapsed time of a single occurrence — right for tantrums, crying, or engagement.

Q05 · B · Assessment **Answer: B**

Paired-stimulus: two items at a time, client selects, every combination tested. MSWO presents multiple items with removal. Free-operant: engagement when items are freely available.

Q06 · B · Assessment **Answer: A**

ABC = Antecedent (before), Behavior (during), Consequence (after). RBTs record all three objectively.

Q07 · B · Assessment **Answer: B**

FAs are designed and supervised by BCBA's. RBTs assist with data collection but do not independently design or conduct FAs.

Q08 · B · Assessment **Answer: A**

Preference predicts; reinforcer confirms. An item chosen may or may not strengthen behavior — a reinforcer assessment verifies.

Q09 · C · Skill Acquisition **Answer: B**

DTT is a structured format: clear SD, client response, consequence, inter-trial interval. Maximizes learning trials per session.

Q10 · C · Skill Acquisition **Answer: B**

NET uses naturally occurring MOs and routines. Less contrived than DTT; strong promoter of generalization.

Q11 · C · Skill Acquisition **Answer: B**

Most-to-least starts with the most intrusive prompt and fades. Least-to-most starts minimal and escalates.

Q12 · C · Skill Acquisition Answer: A

Prompt fading gradually removes supplementary stimuli so the natural antecedent alone evokes the response.

Q13 · C · Skill Acquisition Answer: B

Task analysis breaks a complex skill into discrete teachable steps — foundation for chaining.

Q14 · C · Skill Acquisition Answer: B

Shaping reinforces closer approximations of ONE response. Chaining teaches sequences of different responses.

Q15 · C · Skill Acquisition Answer: A

In backward chaining, the RBT does steps 1..n-1 and the client does the final step — contacting natural reinforcement quickly.

Q16 · D · Behavior Reduction Answer: B

Extinction burst = predicted, temporary increase in rate/intensity/variability. Notify BCBA, maintain safety, continue as written.

Q17 · D · Behavior Reduction Answer: B

DRA teaches a replacement response serving the same function. Must pair with extinction of the problem behavior.

Q18 · D · Behavior Reduction Answer: B

Antecedent interventions (visual schedules, priming, pre-teaching, MO manipulation, choice) prevent problem behavior by changing the setup.

Q19 · D · Behavior Reduction Answer: B

Implement the trained crisis protocol, ensure safety, document, notify the BCBA. Never improvise outside the BIP.

Q20 · D · Behavior Reduction Answer: B

Response cost removes a specified reinforcer (e.g., tokens) contingent on behavior — negative punishment. Must be in a written plan.

Q21 · D · Behavior Reduction Answer: A

Planned ignoring is extinction used ONLY when attention maintains the behavior AND the protocol specifies it. Never ignore SIB or emergencies.

Q22 · E · Documentation Answer: B

Document objectively — what was observed, not interpretations. Timely, accurate, specific.

Q23 · E · Documentation Answer: B

RBTs do not modify plans. They bring data to the BCBA who makes clinical decisions. This is the heart of RBT scope.

Q24 · E · Documentation **Answer: B**

Texting PHI over unsecured channels is a HIPAA violation. PHI stays in secure, authorized systems.

Q25 · F · Professional Conduct **Answer: B**

Implement plans as written; raise concerns through supervision. Changes are made by the BCBA.

Q26 · F · Professional Conduct **Answer: B**

Dual relationships erode objectivity. RBT Ethics Code prohibits relationships that create a conflict of interest.

Q27 · F · Professional Conduct **Answer: A**

BACB requires at least 5% of behavior-analytic service hours each supervisory period with at least 2 face-to-face contacts per month.

Q28 · F · Professional Conduct **Answer: B**

RBTs are mandated reporters. Report per local law, notify the BCBA, document. Do not investigate or confront.

Q29 · F · Professional Conduct **Answer: B**

Medical emergencies come first — 911, stay, then notify BCBA and family. Always prioritize safety above programming.

Q30 · F · Professional Conduct **Answer: B**

Confidentiality covers PHI regardless of names or location. Discuss cases only in secure, authorized settings with authorized people.

E.M.O. Behavior Lab & Consulting

Ercilia O'Neal, MA, BCBA, LBA · hello@emobehaviorlab.com · emobehaviorlab.com

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